

## **BUSINESS REPLY MAIL**

FIRST CLASS MAIL

PERMIT NO. 36

OREM, UTAH 84057

POSTAGE WILL BE PAID BY ADDRESSEE

## **WordPerfect Corporation**

Customer Registration 288 West Center Street Orem, Utah 84057





## **IMPORTANT**

License # WP 1067828

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Complete and return the attached Customer Registration Card to WordPerfect Corporation in order to receive customer service and update notices. Keep this portion for future reference to your license number.

If you purchased this product outside the United States, or if the registration card is missing, return the package immediately to the point of purchase.

## **Customer Registration Card**

| Name  |   | Computer brand APPLE IIGS   |                                      |
|---|---|---|--------------------------------------|
|   |   |   |                                      |
| Company   |   | I first learned about this product through:   |                                      |
| Department or P.O. Box                          |   | <ul><li>☐ Computer dealer</li><li>☐ Advertisement</li></ul>   |                                      |
| Address   |   | <ul><li>Computer trade show</li><li>Other</li></ul>   | ☐ Computer club or users group       |
| City  | State Zip   | Business, Science, or Computer Magazines you read regularly:  |                                      |
| Country   | Phone ( )   |   |                                      |
| Date purchased                                  | Price paid  |   | st is sometimes released to selected |
| Where did you buy this product?                 |   | companies which sell WordPerfect-compatible products. Check here if you want your name <i>excluded</i> from the list. |                                      |
| ☐ Retail software only store ☐ Mail-order store | ☐ Retail computer hardware/software store ☐ Other | I have read and agree to the terms stated in the attached License Agreement.  |                                      |
| Name of store                                   |   | •   |                                      |
| City  | State   | Signature   |                                      |